# EAGAR Importance Rating and Summary of Antibiotic Uses in Humans in Australia

### **Background**

The Expert Advisory Group on Antimicrobial Resistance of the NH&MRC provides advice to Australian governments and their agencies on risk minimisation strategies for controlling antibiotic resistance in Australia. As part of this activity, EAGAR undertakes/oversees risk assessments for new antibiotics and extensions of indications of currently registered antibiotics. The importance of the antibiotic or class of antibiotics in human medicine is taken into account in these risk assessments.

#### **Purpose**

This table is intended to provide guidance to clinicians and the pharmaceutical industry (human and animal) about the importance of the various antibacterial agents available for human use in Australia. If an antibiotic is classified as "High", it implies that if resistance develops there will be very limited or in some cases no alternatives available to treat serious bacterial infections. It is based on a table published originally in the JETACAR report (Joint Expert Technical Advisory Committee on Antibiotic Resistance).

Details are also given on the current ways in which all antibiotics are used in humans. This list is for guidance only, and does not include every use of the agent or class. All agents with significant antibacterial activity are included in the table, even if their primary use is for other than treatment of bacterial infections (e.g. pyrimethamine, a dihydrofolate reductase inhibitor whose main role is treatment of malaria and toxoplasmosis, but with the same antibacterial activity as trimethoprim).

EAGAR uses this information as a guide in providing advice to regulatory agencies and government committees including the NRA, TGA, NDPSC and the PBAC, as a method of assessing the risk to human health after exposure of susceptible humans to either an antibiotic or antibiotic-resistant bacteria. In risk assessment terms, this table is relevant to the "severity of impact' which is an important element to overall risk characterisation. As an example, if an antibiotic is rated as 'High', EAGAR would consider that the severity of impact caused by bacteria resistant to that antibiotic is high, as there are few or no alternatives to many infections. Rating in this table does not affect other parts of risk assessment including hazard, exposure, impact or probability of disease as a result of exposure.

EAGAR ratings will change over time as resistance levels change, new drugs are introduced, and optimum drug choices alter because of new medical evidence. Consequently the table will be updated at regular intervals

Antibiotic	EAGAR	Uses	Comments on Use in Human Medicine
	Rating	P, T, R	
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Narrow-spectrum penicillins	Laur		
phenoxymethylpenicillin (pen V)	LOW	PZ, 13, R1	Primary agents in pneumococcal and streptococcal infection
Procaine penicillin	Low	P2, T3, R1	Intramuscular – occasional substitute for benzylpenicillin
Benzathine penicillin	Low	P3, T3, R1	Intramuscular – syphilis treatment and rheumatic fever
Moderate-spectrum penicillins			prophylaxis
Amoxycillin and ampicillin	Low	P2, T3, R1	Principal role in respiratory tract infections: widespread IV
5			hospital use in combination for a range of moderate and serious
Antingoudomonal popicilling			infections. Surgical and endocarditis prophylaxis
Piperacillin	Hiah	P1, T3, R3	Primary agent for Pseudomonas aeruginosa
Antistaphylococcal penicillins		,,	
Cloxacillin, dicloxacillin and	Medium	P3, T3, R1	Standard treatment for <i>Staphylococcus aureus</i> infections (not
flucioxacillin (methicillin)			MRSA). Surgical prophylaxis, especially orthopaedics
Amoxycillin-clavulanate	Medium	P1, T3, R1	Second line agent for respiratory tract infections; role in certain
5			types of skin/soft tissue infections and mixed
			staphylococcal/Gram-negative infections and aerobic/anaerobic
Ticarcillin-clavulanate and	High	P1 T2 R2	Valuable agents for a range of severe mixed aerobic-anaerobic
Piperacillin-tazobactam	· ··g··	,,	infections including intra-abdominal infections, aspiration
			pneumonia, skin/soft tissue infections. Neutropenic sepsis.
Tst Generation Cephalosporins	Madium	D3 T3 D1	Treatment of minor and stanbylococcal infections in penicillin-
cephazolin	WEUUIII	1 J, 1 J, K1	allergic patients. Prophylaxis in orthopaedic and other surgery
2 <sup>nd</sup> Generation Cephalosporins			
Cephamandole, cefaclor and	Medium	P0, T2, R1	Treatment of respiratory infections in penicillin-allergic patients
Cefoxitin and cefotetan	Medium	P3, T1, R2	Useful anti-anaerobic activity, major role in surgical prophylaxis
3 <sup>rd</sup> Generation Cephalosporins			
Cettriaxone	High	P2, 13, R2	Major agent in severe pneumonia and meningitis. Used in selected cases for treatment of gonorrhoea and alternative for
			prophylaxis of meningococcal infection
Cefotaxime	High	P0, T3, R2	Major agent in severe pneumonia and meningitis
4 <sup>th</sup> Generation Cephalosporins (anti ps	seudomonal)	D1 T2 D2	Destricted role in pseudomonal infection and neutropopie concis
Carbapenems	High	PT, T3, K3	Restricted role in pseudomonal infection and neutropenic sepsis
Imipenem, meropenem and	High	P0, T3, R4	Very broad-spectrum reserve agents for serious Gram-negative
ertapenem			infections
Monobactams	High	D0 T2 D1	Posonia agonts for resistant Gram pogative infections or patients
Azireonam	riigii	10, 13, 14	with severe B-lactam allergy
Tetracyclines			55
Doxycycline, minocycline, and	Low	P2, T3, R1	Major agents for minor respiratory tract infections and acne.
			Chlamydia pneumoniae, Malaria prophylaxis (doxycycline)
Glycopeptides	ا المال		Drug of abains for actions weathfulling as detauts to the base of the
vancomycin	High	PZ, 13, RZ	infections. Reserve agent for enterococcal infection when there is

Antibiotic	FVCVD	llene	Comments on Use in Human Medicine
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	Rating	Р, I, R	
Taiaanlanin	¦~h	D1 T1 D4	resistance or penicillin allergy
l eicopianin	High	PI, II, R4	Substitute for vancomycin if intolerance or outpatient IV therapy
Aminoglycosides	Low		Topical agent for algorithm and gut suppression
Neomycin (Including Iramycelin)	LOW	PI, IZ, RI	Topical agent for skin infection and gut suppression
Gentamicin and tobramycin	iviedium	P2, 13, R1	Standard agents in combination for serious and pseudomonal
Notilmicin, amikacin	Lliab		Deserve agents for Cram negatives resistant to contamicin and
	піуп	PU, 12, K4	tobromucin
Spectinomycin	Modium	D0 T2 D1	(UDI dillyCill Spectingmycin only used for generrheed (infrequently)
Strontomycin		PU, 12, KI D0 T1 D4	Pare use in treatment of TB and enterococcal endocarditis
Canoomycin	LOW	$P_{0}$ , $T_{1}$ , $R_{4}$	Paro uso in TR
Daromomycin	LOW	PU, TI, R4 D0 T1 D4	Rate use for <i>Cruntosnoridium</i> infoction
Sulfonamidos and DHED inhibitors	LOW	F U, T I, IX4	Kale use for <i>Cryptospondium</i> infection
Sulfadiazino	Low	DU 13 D1	Treatment of acute toyonlasmosis
Trimethonrim		D2 T2 D1	Treatment and prophylavis of LITI
Trimethoprim-sulfamethoxazole		P2, T3, K1 D2 T3 D1	Minor infections, especially treatment and prophylaxis of UTI
(co.trimovazole)	LOW	FZ, 13, K1	Standard for troatmont and prophylaxis of <i>Droumocyctic carini</i>
			infoction and nocardiasis
Sulfadovine-pyrimethamine		P3 T2 P3	Treatment and prophylavis of malaria
Proquanil	Low	D3 T1 D1	Malaria prophylaxis of malana
Oxazolidinones	LOW	1 3, 11, 114	
	High	P0 T1 R/	Treatment of multi-resistant Gram-positive infections, especially
Elliezolid	riigii	10, 11, 114	MRSA and VRF
Macrolides			
Azithromycin	Low	P2 T2 R2	Treatment of Chlamydia trachomatis infections. Major agent for
Azitinoniyen	LOW	12,12,12	treatment and suppression of atypical mycobacterial infection
Clarithromycin	Low	P2 T2 R1	Treatment of minor Gram-positive infections. Major agent for
olanimonijoni	2011	12,12,10	treatment and suppression of atypical mycobacterial infection
Erythromycin and roxithromycin	Low	P1, T3, R1	Treatment of minor Gram-positive <i>Chlamvdia</i> and <i>Mycoplasma</i>
		,,	infections.
Lincosamides			
Clindamycin and lincomycin	Medium	P1, T3, R2	Reserved for Gram-positive and anaerobic infections in penicillin-
, , , , , , , , , , , , , , , , , , ,			allergic patients. Clindamycin topical used for acne
Nitroimidazoles			
Metronidazole and tinidazole	Medium	P2, T3, R1	Major agents for the treatment and prevention of anaerobic
			infections in hospitals. Principal agents for the treatment of
			giardiasis and trichomoniasis
Quinolones			
Nalidixic acid	Medium	P1, T2, R1	Use confined to treatment and prophylaxis of UTI
Fluoroquinolones			
Norfloxacin	High	P1, T3, R2	Treatment and prevention of complicated UTI
Ciprofloxacin	High	P2, T3, R3	Major oral agent for the treatment of Gram-negative infections
			resistant to other agents. Minor role in meningococcal
			prophylaxis
Gatifloxacin and moxifloxacin	High	P0, T3, R4	Restricted role in the management of serious respiratory
			infections, especially pneumonia in patients with severe penicillin
			allergy
Ofloxacin	High	P0, T2, R3	Topical treatment of severe eye infections
Streptogramins			
Quinupristin with dalfopristin	High	P0, T1, R4	Reserve agent for multi-resistant Gram-positive infections (MRSA
			and vancomycin-resistant Enterococcus faecium)
Antimycobacterials		<b>BA T</b>	
Isoniazid	High	P2, T3, R4	Primary agent for treatment and prevention
Ethambutol and pyrazinamide	High	P1, T3, R4	Primary agent for treatment of TB

Antibiotic	EAGAR	Uses	Comments on Use in Human Medicine
	Rating	P, T, R	
Cycloserine, p-aminosalicylic acid, and prothionamide	High	P0, T1, R4	Reserve agents for complicated or resistant TB
Antileprotics			
Clofazimine and dapsone	High	P0, T3, R4	Usage predominantly for treatment of leprosy
Ansamycins (Rifamycins)			
Rifampicin (Rifampin)	High	P3, T3, R2	Meningococcal and <i>H. influenzae</i> type b prophylaxis; Standard part of TB regimens; Important oral agent in combination for MRSA infections
Rifabutin	High	P3, T2, R4	Treatment and prophylaxis of <i>Mycobacterium avium</i> complex infections
Polypeptides			
Bacitracin, gramicidin,	Low	P0, T2, R1	Topical agents with Gram-positive activity
Polymyxin B	Low	P0, T2, R1	Topical agent with Gram-negative activity
Colistin	High	P0, T1, R2	Reserve agent for multi-resistant <i>Pseudomonas aeruginosa</i> infection (both inhaled and intravenous)
Amphenicols			
Chloramphenicol	Low	P0, T2, R1	Usage largely as topical eye preparation. Occasional need for the treatment of bacterial meningitis
Nitrofurans			5
Nitrofurantoin	Low	P2, T2, R1	Treatment and prophylaxis of urinary tract infections only
Fusidanes		, _,	······································
Sodium fusidate	High	P0, T3, R2	Used in combination therapy with rifampicin for MRSA

Abbreviations: UTI = urinary tract infections, TB = tuberculosis, MRSA = methicillin-resistant Staphylococcus aureus, VRE = vancomycin resistant Enterococcus species

# **LEGEND** for TABLE

## **EAGAR Importance Rating**

### High

These are essential antibiotics for treatment of human infections where there are few or no alternatives for many infections. Also have been called "critical", "last-resort" or "last line" antibiotics.

### Medium

There are other alternatives available but less than for those classified as Low;

#### Low

There are a reasonable number of alternative agents in different classes are available to treat most infections even if antibiotic resistance develops

### Human Uses

These reflect the current use of these antibiotics in Australia in human medicine. It does not necessarily reflect what EAGAR believes should be the uses of these agents or what restrictions should apply to their use.

### P: prophylactic use

- 0 = not recommended for prophylactic use
- 1 = rarely used
- 2 = moderate
- 3 = frequent or major use

#### **T: therapeutic use**

- 1 = infrequently used for listed indications
- 2 = moderate use for listed indications
- 3 = used frequently for listed indications

#### **R** = Restriction on use (Pharmaceutical Benefits Scheme or hospitals)

- 1 = readily available
- 2 = some extra rules on use e.g. 'Restricted benefit' in the Pharmaceutical Benefits Scheme (PBS) or not listed on the PBS and therefore not subsidised
- 3 = higher level of restriction e.g. needs an 'Authority required' prescription on the PBS or not listed on the PBS and therefore not subsidised; often restricted use in hospitals
- 4 = use severely restricted (e.g. not available for prescription under PBS, available in major hospitals but only with permission from microbiologist or infectious diseases consultant, or in a special clinic).

#### Reference

Therapeutic Guidelines – Antibiotic. Version 12, 2003. Therapeutic Guidelines Limited, Melbourne (<u>www.tg.com.au</u>)